

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/668075	FILING DATE
APPLICANT(S)		

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54	1		
55			
56			
57			
58			
59			
60	1		
61			
62			
63			
64			
65	1		
66			
67			
68			
69			
70			
71			
72			
73			
74			
75	1		
76			
77			
78			
79			
80			
81	1		
82			
83			
84			
85			
86	1		
87	1		
88			
89			
90			
91			
92			
93	2		
94	①		
95	④		
96	④		
97			
98			
99			
100			
TOTAL IND.	7		
TOTAL DEP.	45		
TOTAL CLAIMS	52		

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. / 10 668075 / FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101							51					
103							52					
108							53					
104							54					
105							55					
106							56					
107							57					
108							58					
109							59					
110							60					
111							61					
112							62					
113							63					
114							64					
116							65					
116							66					
117							67					
118							68					
119							69					
120							70					
121							71					
122		①					72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.	77						TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					